

Policy for the Documentation of Allergy Status

Introduction

An allergy is defined as a state in which the body becomes hypersensitive to particular allergens. The symptoms of allergy can range from a mild rash to anaphylactic shock, which can be fatal.¹

A significant percentage of allergic reactions should be avoidable; however some medication incidents have occurred in patients with allergies because of:

- Incomplete documentation of allergy status.
- Inconsistent location of documentation of allergy status.
- Documentation of the drug allergen using brand name.
- Information on allergy status not being available to relevant healthcare professionals.
- Patients being mislabelled as allergic as a result of both staff and patient misinterpretation of allergy.
- Lack of therapeutic knowledge, for example, patients with a documented penicillin allergy receiving a penicillin based antibiotic.
- Non-drug allergens such as latex being overlooked.

Recommendations to reduce the likelihood of occurrence of future incidents:

Confirmation of allergy status

Confirm allergy status as soon as possible following admission.

Confirm allergy history for **ALL** patients.

Include the following elements:

- Generic (approved) name for drug allergens.
- Nature of reaction(s) - to ensure a true allergy is being described.
- Date of reaction(s)- this information should be documented in the patient's medical notes.

Allergy history may be obtained from a number of sources - for example, patient/carer, primary care information, GP, community pharmacist, care homes, hospital notes.

Counsel patients on the need to inform all healthcare professionals of their allergy status, and educate them on the difference between allergy and drug intolerance.

Documentation of allergy status on the inpatient prescription chart (Kardex)

Medical, nursing or pharmacy staff may document allergy status according to Trust documentation policy. Confirm allergy status during medication history taking. Document each patient's allergy status on the Kardex.

Information documented on the Kardex must include:

- Allergy status i.e. no known drug allergy or generic (approved) name of the drug(s) and nature of reaction(s).
- Signature of the member of staff documenting the allergy.
- Date of documentation.

'Co' named drugs such as co-codamol or co-amoxiclav, contain two constituents. If a patient has an allergy to a 'co-' drug, where possible, document the actual constituent that is the allergen.

Documentation of allergy status using secondary measures

Avoid the use of red wristbands, or other secondary measures, as a means of identifying patients with an allergy. Inconsistent use of these measures may increase risk, as the primary source of allergy information, the Kardex, may not be referred to.

Prescribing, administration and dispensing

Do not prescribe, administer or dispense medication if the allergy status is not documented (unless in an emergency).

When prescribing, administering or dispensing 'co-' named drugs, ensure the patient is not allergic to either constituent.

Prescribing and administration – Prior to each prescribing and administration episode, check the drug allergy box on the Kardex.²

Dispensing – Prior to dispensing a medicine for a named individual, check the patient's allergy status.

Transfer of information

Transcribe allergy status onto rewritten inpatient prescription charts.

Document allergy status on discharge prescriptions, discharge letters and interhospital transfer letters.

Include allergy status on primary care referral information.

Counsel patients who experience an allergic reaction or drug intolerance during an admission. They should have an understanding, where possible, of their responsibilities to inform subsequent healthcare professionals of this reaction.

Training

The allergy policy must be included in induction training on safe medication practices.

Appropriate staff must also be made aware of the Trust anaphylaxis policy.

Trusts should make local arrangements for the documentation of allergy status in other documents such as medical notes and nursing notes.

References

1. Cantrill JA, Cottrell WN. Accuracy of drug allergy documentation. Am J Health-Sys Pharm. 1997; 54:1627-1629.
2. Department of Health and Social Services Northern Ireland. Use and Control of Medicines. Guidelines for the safe handling, administration, storage and custody of medicinal products in the health and Personal Social Services.